



540-657-4597

Send Completed forms and registration fee to Colonial K9.
30 Big Spring Lane, Stafford VA 22554

CLASS REGISTRATION FORM

Class: _____ Day of Week _____ Time _____

Handler's name: _____ Owner (if different) _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____
(Please print legibly. This is for your confirmation.)

Dog's Call Name: _____ Sex: _____ Neutered? _____

Date of Birth: _____ Breed: _____

Rabies Vaccine Expiration Date: _____

(**Must be filled in or dog will NOT be registered for class. Please enclose copy of Certificate.**)

- ◆ Completed Registration Form
- ◆ Signed Operating Policies & Release Form
- ◆ Copy of dog's rabies certificate

ALL OF THE ABOVE MUST BE INCLUDED TO COMPLETE REGISTRATION.